



Time Off Request

Name: _____

Date: _____

Date Requested: _____

Shift / Time Requested: _____

Using:

- ☐ Vacation (requests for vacation should be made 30 days prior)
- ☐ Personal
- ☐ Sick
- ☐ Training
- ☐ Comp Time
- ☐ Bereavement

Trade Shifts:

Date of my Shift: _____

Date of _____ Shift: _____
(Person Trading With)

Employee Signature: _____

Approved By: _____

Comments: _____